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CONFIRMATION NO. 8101

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/607,909	<b>FILING OR 371(c) DATE</b> 06/27/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> IDX 1031 06171.105088
<b>APPLICANTS</b> Jean-Pierre Sommadossi, Cambridge, MA; Paola LaColla, Cagliari, ITALY; Gilles Gosselin, Montpellier, FRANCE;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/392,351 06/28/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/24/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY MA	SHEETS DRAWING 12	TOTAL CLAIMS 45
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		INDEPENDENT CLAIMS 6		
<b>ADDRESS</b> 57263				
<b>TITLE</b> 2'-C-METHYL-3'-O-L-VALINE ESTER RIBOFURANOSYL CYTIDINE FOR TREATMENT OF FLAVIVIRIDAE INFECTIONS				
<b>FILING FEE RECEIVED</b> 2180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing.) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	